

1994-95 NATIONAL HEALTH INTERVIEW SURVEY - DISABILITY

pays attention to things of interest for a minute
happy when sees favorite people
walk rapidly without holding on
crawled or crept
sit upright without leaning
shows what wants by using actions or words
frequently confused, disoriented or forgetful
serious difficulty learning how to do things
problems or delays in understanding things
significant problem with paying attention
trouble concentrating enough to complete tasks
Alzheimer's
delay in emotional or behavioral development
frequently depressed or anxious
phobias or strong fears
paranoid or delusional disorder
anti-social personality
obsessive/compulsive personality
manic episodes or manic depression
bipolar disorder
take medications
difficulty seeing
legally blind
telescopic lenses
Braille
readers
guide dog
white cane
hearing aid
trouble hearing in normal conversation
ring, roaring, buzzing in the ears
dizziness
problem with balance
problem with sense of taste
problem with sense of smell
difficulty understanding other people when they talk or ask questions
difficulty communicating
difficulty coping with day-to-day stress
talks in sentences
difficulty using telephone
need help to use telephone
paid caregiver
unpaid caregiver
difficulty bend down to pick up object

difficulty stooping, crouching or kneeling
difficulty sitting for 2 hours
difficulty standing for 20 minutes
stay in bed most of the time
stay in chair most of the time
difficulty lifting 10 pounds
difficulty carrying 25 pounds
difficulty holding pen or pencil
difficulty using fingers to grasp or handle
difficulty reaching overhead or out
is walking painful
difficulty waling 1/4 mile
move around the house or apartment
get around inside
difficulty getting outside
use special equipment or aids getting outside
unable to go places you wanted to go for fun/recreation because no transportation
miss a doctor appointment because unable to get there
run out of food because no transportation
experience discomfort because not able to bathe often
wet or soil yourself because had no help
standby help dressing
special equipment when dressing
difficulty chewing, swallowing, digesting
lost weight even though not on a diet
use special equipment or aids when eating
difficulty managing medications
miss a meal because unable to shop
unable to follow special diet because needed help shopping
difficulty preparing meals
heavy housework
light housework
significant problem with controlling behavior
significant problem with following rules
trouble making/keeping friends
attend school or camp for children with special needs
receiving special education services
have an Individual Education Plan (IEP)
significant problem with understanding instructional materials
significant problem paying attention
significant problem following rules
significant problem controlling behavior
significant problem communicating with teacher or students
difficulty managing money
consider yourself or anyone in your family to have a disability
would other people consider you to have a disability

would other people consider specified family member to have a disability
doing enough social activities
ever play make-believe
participate in strenuous activity
get together socially with friends or neighbors
have court-appointed legal guardian
have a case manager
received equipment or services though vocational rehabilitation
received occupational therapy
received special education services
received services from mental health community support program
medical procedures done at home
physical or occupational therapy
go to counselor, psychiatrist, psychologist or social worker regularly
receive Early Intervention Services
on waiting list for services
sheltered workshop
transitional work training
supported employment

1997 NATIONAL HEALTH INTERVIEW SURVEY

difficulty remembering
experience periods of confusion
be uncooperative
be agreeable
often seems worried
depression
anxiety
emotional problems
sadness interferes with your life
sadness interferes with your activities
feel hopeless
feel so sad that nothing could cheer you up
feel that everything is an effort
feel worthless
how satisfied with your life
how often feel nervous
has many fears
easily scared
unhappy
fearful
headaches
stomach-aches
lies or cheats
steals from home or school

good attention span
easily distracted
concentration wanders
Attention Deficit Hyperactivity Disorder
feel restless or fidgety
constantly squirming
restless
overactive
cannot sit still for long
temper tantrums
hot temper
thinks things out before acting
do your difficulties with emotions upset your child
school health professional told you that child had learning disability
difficulty pushing or pulling large objects like a living room chair
difficulty walking a quarter of a mile--about 3 city blocks
difficulty walking 10 steps without resting
is child picked on or bullied by other children
is child kind to younger children
does child fight with other children
does child bully other children
is child helpful if someone is hurt or upset
does child get along better with adults than with other children
does child have at least one good friend
is child generally liked by other children
does child often offer to help others
is child considerate of other people's feelings
is child solitary
would child rather be alone
does child share readily with others
participate in social activities
visit friends
attend clubs and meetings
go to parties
special equipment
special telephone
special bed
get together with relatives
get the social support you need
talk with neighbors on the telephone

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

health professional told you/sample person have a learning disability
been physically cruel to an animal on purpose
broken into a house, building or car

broken something on purpose (slash tire, write on building)
lied to get money
shoplifted
snatched someone's purse or jewelry
stolen anything from anyone else
attention deficit disorder
experience periods of confusion
difficulty stooping, crouching or kneeling
difficulty standing up from an armless straight chair
difficulty sitting for 2 hours
difficulty using fingers to grasp or handle small objects
bicycled as a part of getting to work
difficulty dressing
tying shoes
working zippers
doing buttons
holding fork
drinking from a glass
difficulty doing chores around the house
dusting
sweeping
vacuuming
straightening up
expelled from school for misbehavior
difficulty relaxing at home for leisure
reading
watching TV
sewing
listening to music
difficulty going out to movies
difficulty going out to sporting events
do physical activities designed to strengthen muscles
lift weights
push-ups
sit-ups
activities for at least 10 minutes to cause heavy sweating, increase in breathing or heart rate
use special eating utensils
participate in social activities
visiting friends
attending clubs or meetings
going to parties
use aids or devices to help you dress
use special eating utensils
use special equipment
use cane

use wheelchair

use special bed

use special telephone

how many close friends do you have

count on anyone to provide you with emotional support such as talking over problems

helping you make a difficult decision

watch TV or videos